Student's Own Perspective of Disability Julie Mallen Student Occupational Therapist

hifting The Balance" is the title for the 21st Annual Conference of the British College of Occupational Therapists. As therapist we are all aware of the need for a balanced lifestyle, in terms of self-care, productivity and leisure, but do we acknowledge and take this on board for ourselves?

I am a part-time Occupational Therapist in my final year at the University of the West of England, Bristol and am due to qualify later this year. I was very privileged to come to Malta on an elective placement during January and February of this year. I spent seven happy weeks at Zammit Clapp Hospital for the care of the elderly near St. Julians. In England, I work in the community assessing the needs of the elderly and disabled people, drawing up care plans to meet their needs, and providing Occupational Therapy aids and adaptations.

My work at Zammit Clapp proved to be an invaluable experience and enabled me to learn how hospital based therapy differs to that in the community, as well as the opportunity to be part of a different culture. I will be always grateful for the welcome and support I received. Whilst at Zammit Clapp, I was asked by Head Occupational Therapist (Cynthia Scerri), what made me decide to become an occupational Therapist. My reply prompted Cynthia to ask if I would write an article for the Maltese Journal outlining my decision.

In 1986, I was a hotel manager, having previously obtained catering qualifications and had a number of years experience of working in various catering establishments, including hospital catering. I was suddenly taken seriously ill and not expected to live. The problem started with a sore throat which grew worse by the day until I could not swallow and became dehydrated. I also developed a large "boil" on my knee which made walking extremely painful. Within a couple of weeks I

had to move back home with my parents so they could take care of me. As ulcers began breaking out all over my body, the doctor began visiting every day but was unable to make a diagnosis.

I was taken to hospital for some tests, and there I stayed for five months. My immune system went into reverse and all internal organs began to dysfunction. This resulted in a need to be on a life support machine for two months, a tracheotomy, an ileostomy (which was reversed 12 months later), and 12 tubes of various kinds. My parents kept vigil by my bedside as they were told every day " spend as much time as you can with her as she probably won't be around in the morning".

It was the diagnosis of a retired doctor which put me on the long road to recovery, it was at this point specialists could begin appropriate treatment. It was suggested that I had dermatomyositis, a life – threatening muscle wasting disease which also causes inflammation of the muscles, skin and blood vessels. The faithful prayers of members of my church caused a miracle to happen and over two years on intensive physiotherapy, hydrotherapy and occupational therapy, I began to rebuild my life and get back to full health.

This period of disability really made me 'take stock' of my life, I certainly needed to 'shift the balance' and reduce my working hours to allow time for leisure activities. For a while I totally lost confidence in myself, the hospital environment had been a protective place, the world outside was big and frightening. I overcame this fear by joining a craft class for disabled people and by undertaking voluntary work with people who had learning disability.

I certainly believe my period of disability has given me an empathy and new understanding into the needs of disabled people. I know what it is like to be fed, washed, dressed and to use a wheelchair. I understand the barriers society creates and the attitude of able bodied people when it comes to dealing with disabled people. It was because of this I realized that I wanted to work with disabled people as I felt I could helped them identify their

needs. In 1990, I was interview for a job as an occupational therapy assistant in social services. The department fortunately saw the potential in me, employed me, and enabled me further my skills and become qualified. Over the last four years they have funded me to take an in-service occupational therapy course. My ambition before I was ill was to open a Devon cream-tea room.

I am now happy with my life and feel I have a lot to offer to others who are going through difficult times.

I fell very privileged that I have been given the chance to carry out formal training. I rest in the hope that in the future I will be able to get the balance right. I now await my results!



Above: Julie Mallen while she was recovered in hospital.